

Becker, Edwin "Ted" 2005 B

Dr. Edwin "Ted" Becker Oral History 2005 B

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Edwin (Ted) Becker Interview

December 21, 2005

Claudia Wassmann: Wednesday, December 21, 2005. My name is Claudia Wassman and I'm doing an interview with Dr. Edwin Becker.

Edwin Becker: Okay, so, do you just want me to talk, or --

CW: Yes.

EB: All right. Well, I've been sort of thinking about this, and thought that maybe the point of departure was maybe the [unintelligible] center was formed when I was Associate Director in Building 1 and hence in a good position to bring together all the various resources that were needed and to get the cooperation of the institutes. And then the question is, well, how did I get to be Associate Director of NIH with all of these responsibilities with had nothing to do with NMR? And that's sort of this long story. And I guess, in addition to being interested in science, I've always been interested to some extent in management, and in trying to improve things. And I probably would have been a management analyst or something than a scientist in fact, but at any rate I chose science and I went through. I've never had any management training per se, but I was -- always enjoyed the organization of things and particularly trying to improve things.

EB: And as I thought back in earlier days at NIH in the 1960s, we always have problems with all kinds of services, with various things going on. We all complain about it wherever it is we work. We had some particular problems then with some of the services, and there was an organization called the Assembly of Scientists, which was formed at that time in each of several institutes. It's recently been re-formed as one NIH body, as a result of the recent ethical problems. The ethics regulations and so on. But at that time, there were Assemblies of Scientists in several institutes. The first one I think was the Mental Health Institute, and then I think Dr. Stetten, we keep coming back to him, who was then the Scientific Director of NIAMD, formed the Assembly of Scientists in that institute. And there was one in Cancer and several others. And then the people got together to form what was called an Inter-Assembly Council, where each of the assemblies was represented. I was chairman of that at one point, and various other people, other scientists were. Sometime in the 60s, I don't know if it was when I was chairman of the council or at some other time, I remember there was some procurement problems, and the specific thing that we worried about was ordering books. It used to take forever to get a book. In order to buy a book, you had to put in a requisition, filled out -- so the secretary filled out a form, the requisition got approved through the administrative office, got sent to procurement, and was put in the big stack. Because they didn't think books were very high priority, and they'd order books -- they didn't want to order a book at a time. They'd wait until they got a few hundred books, and then they'd put in an order with some book dealer to get books. And then the book dealer would deal with the publishers and so on, and in due course, the book would show up. But it might be a couple months. And this seemed like such a simple thing, because we knew the bookstores down the street had books, and you could go get one. But you can't do that with the government procurement. So, the assembly, I remember, talked about this. And I looked into it and went to see the man who was head of procurement at the time. A man named Watson, Donald Watson. And told him about our concerns, and he said there won't be any problem. We've just gotten approval to have a new procurement mechanism for small purchases -- originally I think it was \$50 or something and then got to \$100. But books at that time, you could buy a lot of them for \$50. And this will apply to many other things. What we've done, he said, we call this the telephone charge order, or TCO, and what we'll do is set up charge accounts with a number of vendors. People who give us lab supplies and books and various other things, and once that agreement is set in place, the vendor will agree to deliver directly to the laboratory or the ordering office within ten days. And all you have to do is make a phone call to them and say charge it, and there was a lot of forms in connection with this. The secretary had to fill out an appropriate form and give them the right order number from the form -- those pre-numbered forms. And there was a problem I'll get into later about how the paperwork is handled with that. But anyway, the system was put into place and worked very well, not only for books, but to get all our little lab supplies. Things came. And over the years, as NIH grew, the procurement, the central procurement, so-called regular procurement mechanism, got more and more cumbersome. And TCOs worked. So everyone, particularly in the laboratories, but in offices too, used TCOs. The atmosphere changed, and I don't know exactly when, but at some point there was a new chief of procurement, a man named Jerry Rigga [spelled phonetically]. And he wanted to centralize things more. He didn't like this business of all these people around NIH placing orders. Even though they were small dollars, and they were against a charge account that had been set up by procurement, they really didn't like that. Now, on the one hand, I think he wanted better control. He thought this was just sort of a lot of people out there doing things who didn't know quite what they were doing, and the documents weren't always handled properly and so on. So he had some justification. On the other hand, I suspect there was also a bit of empire building. And the -- I think all organizations try to see how they can expand. The history office -- you're happy to expand, and if you had twice as many people or something -- you'd be happy, you'd do more, and you'd feel you were accomplishing something. Now, there's sort of a philosophical thing here because if the history office wants to expand, I think it goes to somebody and says, I think we need twice as much money, or twice as many positions or whatever as we have now. Someone has to say, well, I understand your needs, but we need to put our money into doing research, and this is about the right amount that we can afford for history. On the other hand, suppose the history office were in a position to impose rules on NIH, and you would say, before you can publish a paper, you have to come to the history office and we will check the history to make sure that you aren't repeating something that was done before, or some kind of nonsense like that. Obviously you wouldn't do that, but that sort of thing. If you were in a position to impose that rule, then you would go to your superiors, and say, look at this volume of papers that's come in. We don't have enough staff. We have to have more people, because otherwise we're way behind, and then the hierarchy almost has to say, well, all right, yeah, you need to triple your staff, because otherwise research -- Well, that's the sort of thing that happens with organizations like procurement or anything that has a regulatory impact. They aren't just competing in the sort of normal way for resources. They're saying, we have to do this, because there are rules about it, and we must do this, and therefore you have to give us the support. And if you don't, service slows down. Now sometimes that's true. Sometimes there really are rules that you really can't do anything about. And we had a lot of stuff imposed on us that's happened recently with all the ethics regulations and so on. But sometimes it's a matter of interpretation as to whether the people have to follow certain rules or there are ways around them. And if they want to do it in other ways, as Watson did when he set up the TCOs. He found a way around it. He got approval, but he found a way to do it. If someone doesn't want to do that, they can find reasons for -- but that's not really the right way to do it. Okay, so that's a long sort of philosophical thing, but it's behind an awful lot of what comes up.

CW: And so you think at that moment there was empire building going on [unintelligible]?

EB: Oh I just think it's natural. I think everybody really wants to do it in a certain sense, and they may not even think of empire building. They just think they're trying to do a better job. And they think they can do a better job if they had more people, and they could control it, and they don't think about what the impact necessarily is on others. And this will sort of come up again as we go through some of this. Let me digress from the procurement part, which I'm going to come back to. To other things, because this is not the only problem that the scientists were facing. The Division of Engineering Services, which is responsible for keeping the place going, seeing that we have electricity, constructing new buildings, maintaining everything, and also doing renovations in labs, from complicated ones to simple ones, like put up a shelf somewhere. And what we were finding was, if you wanted a shelf put up, it got into a queue of jobs to be done, along with renovate half a building or something, and it took months and months to do that sort of little job. So the Assembly of Scientists again was an organization, a grassroots organization that could complain. We complained. But we didn't get anywhere. The engineering people who were very capable liked the idea of having a backlog of jobs to do for each of the craftsmen in the shop -- they had a bunch of carpenters, plumbers, sheetmetal workers, etc, who might be needed for different kinds of jobs. And they had a big backlog; the suspicion of most of the scientists was that this was a job security for all the people there, because if they always had a backlog of jobs, they couldn't fire anybody! But I think from the management's standpoint, the manager of the organization felt that he didn't want to have a carpenter any day sitting there for a couple hours with nothing to do. He always wanted to have jobs that could be given. So, if they had a sufficient backlog of jobs, even though it might not be uniform; one time it might be a lot of jobs for carpenters, and a few jobs for plumbers, and another time it might be just the opposite, it would never go down close to zero. There would always be backlog. So when a guy finished one job, he'd come back, and here's another job for you. And this job might be an hour, it might be a day, it might be a week. But there're always jobs. And this meant backlogs, which went on, like I said, for months, sometimes for very simple jobs. And they just wouldn't change it. That -- some of those things got improved a little bit later when I did get involved in it personally, as an associate director, but that's a later story. So, at any rate we're aware about that. And there's one other little story I'd like to recount to you, if you don't mind. And that's sort of a little bit off the track, but it's something about what I think is a cultural problem here. And this has to do with security. There was a time when things were being stolen from the labs; little things, big things. And the security people were concerned that people not take things out that they were not supposed to. And the way this often happens is that the people who have to do the jobs -- the policemen -- are given instruction, and it's a rigid instruction given by some superior who doesn't really think about what the impact is. So at one point, the policemen were instructed that no one was to take any government property out of the building without having a properly executed property pass signed by the laboratory chief or by some official there. And they took this seriously, and there was one Sunday, and I can't remember exactly what year it was -- sometimes in the 70s, or early '70s. When -- in Building 2, where our laboratory was located, along with another laboratory -- Laboratory of Molecular Biology, now moved into this building, Building 5, one of the people in the Laboratory of Molecular Biology came in to get a copy of a little journal called Current Contents; it was something that was published that had

just the contents of many scientific journals. And it was sort of a throwaway thing. I mean, you'd get it, and it was useful for a few weeks, you could flip through it and see what various journals had, mark down what you wanted, and so on, and go look up articles. This was long before computers of course. You wouldn't do it that way now. And this person -- Liz Maxwell -- came in, got a few copies of Current Contents on a Sunday. She was going to the beach, and she wanted to take those along to read. She came out, and a policeman was watching Buildings 1, 2, and 3, and he saw her come out carrying something, and went over and confronted her. "Are those government property?" And she said, yes, they were. "You can't take those out." She said well, it's just this little throwaway journal, I'm going to take them to the beach and read them. "No, no, no, absolutely not." And she got angry with them, and she threw them at him and stalked off. And I learned this a little later, because I was at home, and someone phoned me, a man named Jack Cohen [spelled phonetically] who didn't work in our institute -- he was in another institute -- but used our MMR facility. I told you previously that our instruments were used by people all over the NIH and elsewhere, and that was the whole idea of trying to do things collaboratively. Well, Jack came in to do some experiments. He brought in his samples that he made somewhere in Building 10, I think, carried the samples in, did his experiments, went out to take his samples out, the same policeman came up. "Government property?" "Well, yes, I'm taking it up to Building 10." "Where's your property pass? You can't take this out." "Well, these are samples." He had to change the pH and then come back and make another measurement, [unintelligible] stop everything. So he phoned me at home, and I found out what this problem was, and then I talked with the guard, and I was the lab chief at the time. And so, I told him, well, this was very important research. I was the laboratory chief, I would certainly sign a property pass if I were there, but I was 20 miles away, and it was important that Dr. Cohen [spelled phonetically] have this... The guard accepted my word that I was a lab chief, and he let Jack go off with the samples. So that was not an immediate problem. Well, on Monday, this became an incident because there was a report against Liz Maxwell for removing government property -- unauthorized removal of government property. My immediate problem with Jack [unintelligible] taken care of. And they said they could have charged her with assaulting a government officer in the performance of his duties because she threw the things at him. So, the result was of course a meeting, and the scientific director at the time, Ed Rall was not there. Chris Anfinsen who was one of our Nobel Laureates was acting Scientific Director. So Chris Anfinsen, Phil Chen from the Intramural Office in Building 1, and I went over to see the man in charge of the Division of Administrative Services, a man named Jim Davis, who was over all of these things, including security. And we had this meeting in his big office, and so on, with some of his staff people there. It was all explained to him what was going on, and I mean, here's time taken of Phil Chin [spelled phonetically] from Building 1, and a Nobel Laureate, and so it didn't matter about me. But we go and talk with him. And the reason I'm bringing this up is that the response of Jim Davis, who was a good man, very interested in doing things for NIH, but when he heard the story and what Liz was doing when she took these things out, he said, "You mean, she was going to take them, and read those on her own time?" And it sort of hit me that the people who were providing services, who were really dedicated to doing a good job, don't understand. It's kind of like C.P. Snow's [spelled phonetically] The Two Cultures. I mean, we just didn't communicate. There are two totally different cultures here, each trying to do what they would like to do, well. But totally misunderstanding what the problems of the other people are. And my view, of course, is that while the two cultures are both important, that the mission was to research, and that the other people have to serve it. Their view was that yes, we're certainly here to serve the scientists, but we have rules, and the rules must be followed, and we're here to enforce the rules. And that's paramount in their view. So that set up the kind of confrontation that I'll talk about the rest of the time. This little incident did cause me to look in the phone book and the Organization of the Division of Administrative Services, and I saw that there was the director, then there were four assistant directors, and a lot of branch chiefs, and section chiefs, and a huge organization covering an enormous number of things that we dealt with, not engineering, which was separate, but many many other things. And I realized that a lot of the problems that we encountered were related to the fact that there was this hierarchy, and the people were somewhat distant from the people that they served, at least the [unintelligible]. So, that's sort of the background, and I'm sorry to have taken so long on this, but I think it's sort of important to understand it. Now, getting to the more immediate involvement. In the 1970s, around the middle of 1970, like '74 or '75, there was concern about this procurement. We had the central procurement system, which dealt with anything that you wanted it to, including small orders, but had to be done for any large orders, and TCOs. Now, the way you could do a central procurement order was for the secretary to type out a requisition, send it in, and it was then dealt with in Central Procurement, according to their resources and time scale and so on, and they often had backlogs in getting things done. And the person there would call the vendor, find out, make arrangements for the price and so on, give them a purchase order number, and the purchase would eventually come in and would be received in a Central Receiving Room in Building 13. There was a loading dock there, and all the central purchases came in. From little tiny things to great big things. And the people there opened the boxes, generally, to make sure that each item that had been ordered was in fact there. And their job was really to take care of the paperwork, to be sure that things had been received, because only after there was a record of it having been received, could that information be forwarded to the Division of Financial Management, and then the vendor paid when he sent in the invoice. So you had to match up a procurement document, a receiving document, and eventually the invoice that the vendor sent. And that was sometimes a very difficult problem for Financial Management, because sometimes the numbers didn't match or the terminology was different or something. But one of the steps in here was this receiving. Now, everything received there was very labor intensive, because they would look at every box. They would open the boxes. Sometimes, they actually damaged things opening the box. We used to complain about that. Then, eventually after the time they spent doing all this, they would put this thing on trucks, and of course there were government employees paid to bring the trucks around to the laboratory buildings and then they would deliver it to the office that ordered it. So it took a long time, it was very expensive really, in terms of what NIH put into it, and very time consuming. TCOs operated in a different way. As I said, the secretary, or whoever it was in the ordering office, placed the order, had a document -- a pre-numbered document which had to be sent to an administrative officer for approval, but this was basically after the fact approval, because you'd already called and they'd made the order. If there was a disaster or something really inappropriate, presumably they could rescind that before it actually got delivered, or could send it back. And really dealing with small dollar values, there's no problem of someone wasting a million dollars suddenly or anything like that. So it worked really quite well. However, the paperwork problem was serious. Because they had to prepare this document, which I think was on pink paper, which was the ordering document and had been approved by the administrative officer, who would then send back to the ordering officer in the laboratory where it waited until the item was delivered. And then someone had to receive it, had to notice that -- did it come, was it the right thing, and so on, and note that on another copy of the document -- blue copy of the document. And then the pink copy had been sent in already to the Central Office somewhere, under what was called Material Management. Procurement was part of that. Then they matched that up with the blue copy, which was receiving. And once they had those matched and knew that something had been both ordered -- authorized, ordered, and received, then they sent those documents to Financial Management where when the invoice came in it could be paid. You can imagine as these things proliferated -- the TCOs were very popular because they were used, they worked! They got us what we needed. Well we got up -- there 100,000, maybe 200,000, I don't know what it was -- there was a lot of TCOs placed in a year. A lot of documents. And of course there were failures to complete all the documents, particularly the receiving things. Something comes in, scientist sees that this box is there. 'Ah, I got my chemical, I'm going off to do my experiment!' And nobody remembers to fill out the form and so on. So if you multiply this by all the thousands of labs around the NIH, it got to be a rather serious paperwork problem, particularly for the people at Financial Management, because they would get invoices, they didn't have the appropriate documents, so they couldn't pay. The vendors got angry. They complained sometimes to Congressmen, there were all kinds of problems. Well, someone decided they would solve this problem, and the way it was proposed to solve it by Material Managements people was to have what they called Controlled Receiving. And their proposal was that everything, including TCOs, would now be received centrally. They knew that they didn't have enough space in Building 13, so they were going to set up other loading docks around the campus, one in Building 10, 37, some of the larger laboratory buildings. And they would receive at 13 for some of the smaller buildings, and they would hire 50 more people, 50 more FTEs, in order to staff this, because they'd have to do then for the TCOs what they were doing for the central procurement items, and they would be opened, they would be looked at, they would then be delivered to each of the laboratory buildings. So it was an enormous amount of additional work. Now, somehow or other we became aware of that. Some of the scientists and people in the Assemblies of Science were aware that this proposal had come up. Can I turn this off for a minute?

[break in audio]

So the proposal for Controlled Receiving was developed in 1974, came to the attention of a number of scientists, and ultimately I think I was probably instrumental in bringing this to the attention of our Scientific Director, Ed Rall, and when we met with Dr. Stetten who was then the Deputy Director for Intramural Research about other matters -- we were having a review of the Laboratory of Chemical Physics -- we brought this up, and Dr. Stetten in turn inquired of the Associate Director for Administration, Leon Schwartz [spelled phonetically] who was in charge of all kinds of Central Services, what was going on, and got some report back. And there were documents back and forth with Leon Schwartz [spelled phonetically] taking the administrator's viewpoint that we have a serious regulatory problem. Documents aren't being handled correctly. We are having complaints from the Public Health Service, and the department [unintelligible] above us. And we have to do a better job of that, and that will take more money, more time, it'll be inconvenient to the scientists, but that's what has to be done. And Dr. Stetten [spelled phonetically] is sort of saying, well, I don't know what to do about all of this, but it came back to a number of the working scientists, and the Assembly of Scientists, which is an informal organization but recognized by NIH, was involved, was concerned. And Ed Korn who was Heart Institute and has been at NIH at least as long as I have, became Chairman of the Inter-Assembly Council in 1975, and Don Frederickson became Director about that time. Frederickson had been director of the Heart Institute previously, was an intramural scientist himself, grown up here in the system. Ed Korn knew him, and Ed sent a letter in 1975 to Frederickson sort of welcoming him as a new director, and saying the scientific staff is particularly concerned about the impending introduction of Material Management System, to computerize all ordering, and centralize all deliveries. And he goes on to describe this, and he said, I'd like to talk with you about it. So this put it up at least on the radar screen of the Director of NIH, that there was some impending problem. And Frederickson, being an intramural scientist himself by history, kind of understood this. So this resulted in Leon Schwartz [spelled phonetically] paying more attention to it. And eventually the Assembly talked with Leon Schwartz [spelled phonetically]. We got some information, we made some suggestions and were told, no, we can't do that. Meanwhile, the Scientific Directors became concerned that here were these scientists going off and talking to the administration about it and the Scientific Directors weren't involved. And they were upset, or at least some of them were. And so they formed a committee on Material Management, and eventually I became part of that committee, although I wasn't a Scientific Director [unintelligible] like Ed Korn and me were on it. And then there was on other group, known as the Service and Supply Fund Advisory Board. I don't know if that still exists or not. There are two ways in which the Central Services are funded at NIH, because the money goes to each institute, individually. One of them is the management fund, which is essentially a tax on each institute based on their size and their resources, and so on. The other one is a fee for service, where you pay for what you get. When you get something from photography, for example, you are charged a certain amount for each photo that you get, or each slide, or whatever it is that you get done there. And that's a fee for service, and that's called the Service and Supply Fund. There were some things that are under the Service and Supply Fund which are not quite so easily viewed as services that you would pay for, like buying something for the stock room or getting a photograph or whatever. One of the things was procurement. In 1975, that was put under the Services and Supply Fund. Why, I'm not sure. I suspect it was to bring in some more money and avoid having to tax the people through the Management Fund. But at any rate, they put it under the Service and Supply Fund. And there was a board, an advisory board which was to review the fees charged for things, and the management, to see that things were reasonable. How that got formed, I really don't know. But there were a number of people, a half dozen or so people on the board, some scientists, some executive officers and others and all of material management was put under the Services and Supply Fund. So I had suggested in one of these memos that maybe that Board ought to look into this, and would get some opportunity, whereas the Assembly of Scientists was a more informal organization. The Services and Supply Fund was official, it came under, I think the Division of Financial Management, and it was more of an official activity. And so that got into it too. And I was on it too. I tended to get involved in this in several different ways, and the subject continued to percolate as to how to handle the efficiencies in the paperwork without imposing all of the delays and initial expenses of this whole controlled receiving system. And many discussions back and forth with all of these various groups, most of which did not get anywhere in the sense of making permanent changes, although we certainly deferred and eventually prevented the controlled receiving as it was originally envisioned and other kinds of things were done. But there were discussions that I think turned out to elucidate at least some of the issues. My conversations in this dealt with mostly with the procurement people. And Otis Ducker [spelled phonetically] who was then the Director of the Division of Administrative Services, having replaced Jim Davis, was one of my principle contacts. And I remember Otis told me the technology in later years, that he gave me lots of documents, rules, regulations, and all sorts of things. And figured I would never come back, because he said, read this, and figured that any scientist would get so turned off by it that that would be the end. Well, I'd take it home, and late at night when I was done with everything else, I would read it. And it wasn't that hard. It was boring, maybe, but you read it, and instead of being impressed that 'oh, we have to do this because that's what the rules say,' I would say, well why do the rules say this? Has somebody interpreted this? How can we find our way around this while still following the rules? Can we do this...

We had this going on for really a couple of years. Scientific Directors had spent a lot of time on this, and many of these documents are minutes of Scientific Directors' meetings. And you'd think the Scientific Directors would be talking about science, but it was a topic of one meeting after another of people complaining how bad procurement was, as it existed, and that things had to improve, while the administrative people were saying, well, the scientists have to improve in the way they do the paperwork. It was really a tug of war, and it went on for quite a long time, until in 1979, I think it was, there were finally -- finally there was a meeting scheduled with Dr. Frederickson in the spring in 1979, to discuss all of this. And about that time, Dr. Stetten had announced that he was going to resign his position because of his failing eyesight. And then Leon Schwartz [spelled phonetically] announced that he was taking a job elsewhere and was resigning his position. So this had first delayed their discussion, and ultimately had some impact, in that there was an opportunity to reorganize some of these things, and what occurred was that the Services and Supply Fund Board recommended that there be a new office set up to take care of all of these Services, whereas the Associate Director of Administration was already burdened with finances, personnel, and management policy and many other things, and they thought there should be a different office that should take care of this. So all of these things that were sort of moving along were being fought about. And eventually, what happened was that Dr. Frederickson decided that there should be a new office in Research Services which would undertake all the things done by the Division of Administrative Services, which involved not only procurement, but security and space management, printing, and parking, and I don't know, housekeeping, oodles of things. And the Division of Engineering Services, which includes all of the construction as well as putting up shelves and maintaining them, and there were along with the procurement complaints, there were complaints about engineering, but they were not nearly as --

[break in audio]

...as the ones in procurement. And then he also said there should be a Division of Safety, which we had not had, and he felt he pulled together various things of safety, and this was important, and that it needed to have a focus. And he said he would set up such an office, if I would take the position as a new Associate Directorship, if I would take that position. And that's how the Office of Research Services got started. It was done, really along with finding a replacement for Dr. Stetten. I had a number of discussions with Frederickson at the time, because he said if I would take this job, when it was officially formed, then he had a particular candidate, Bob [unintelligible] that he wanted to be director -- wanted him to be Stetten's replacement. If I wouldn't, then he was going to go to another person who might be more aggressive in management, who would knock heads together on the administrative side, and he didn't want Bob [unintelligible]. So it really was a very interesting time of conversations back and forth, and ultimately the Office of Research Services was born. I should digress just a moment here and say that I didn't know Frederickson all that well when he was here at NIH, he was the director of the heart institute. But then I've had some contacts with him. One of them [unintelligible] there was a fuss about [unintelligible] testified in Congress saying that I had lied about certain things [unintelligible] and ultimately Dr. Frederickson had to respond to the Secretary of Public Education and Welfare and to Congress about that because [unintelligible] raised the question [unintelligible]. And in the course of that Frederickson was made more aware that he had been, perhaps, of the work that I was doing [unintelligible] NIH employee, and Frederickson's response said that "I was more than an NIH-employee", "I

was a leading NMR scientist" or something -- very nice words. And he put that in himself, it wasn't in the draft that the staff member gave him. So he was aware of that. There was also about that time, a task force formed to look into furthering the international center. There were concerns about what Fogarty Center should be doing, and how [unintelligible] organize his programs. There had been a director there for a long time who had retired, and another director had been appointed, but was not expected to be there for very long. And this task force was formed, and I was asked to be a member of that. Most of the people on that task force were very high level people [unintelligible] secretary of public health service, high level people. And I was sort of an intramural scientist who knew something about [unintelligible] and I found that very interesting and useful, but it was kind of an introduction to the world of administration and policy and so on, which as a laboratory scientist, I really had not been involved. And that was about a year that task force met. I certainly was not a major player on it, but I learned a lot and had some contacts. Well, after the report came out, Dr. Frederickson used that as saying to the then-director Leon Jacobs [spelled phonetically] that he felt now there was a call for new leadership, and that in due course, Leon should think about moving to something else. And Leon Jacobs [spelled phonetically] got angry and said, ok, I resign right now. Or two weeks or something. And so Frederickson then was faced with needing a replacement for Fogarty on an acting basis, just to keep the place going, and did not [unintelligible] appoint someone who was in the Fogarty center at the time. And so I was approached by one of his staff people asking if I'd like to be acting director of the Fogarty center. I [unintelligible] no background for international things, except science. [unintelligible] I said, well, I'll go home and think about it. I thought about it, and said, well, maybe I've looked at this from the standpoint of a task force for a long time, made recommendations, Maybe it would be useful to be there for a few months, which is what [unintelligible] scheduled to be, and meet the people in the Fogarty center, and there were only about 50 staff members so it really was like a big laboratory. To have a better feeling of what it's like at the ground level, rather than just hearing what the director has to tell the task force, and see how we could implement these recommendations; what was feasible and we'd go about it at the time. So I went to see Frederickson, and said, well I could do this, and please understand you're not getting an international expert, it's just that I think it would be interesting to do it and I would try to make some recommendations, and I certainly won't be making changes, but I'll try to line things up so that the director might have a better idea of what to do when the new director is appointed. Frederickson says all right. And one of the recommendations was the Director of Fogarty Center would also be Associate Director of NIH, Associate Director for International Research. And Frederickson said, well there are a lot of recommendations here, but the one I'm going to accept right now is that one, and so you are automatically Associate Director for International Research, and you come to the office with the director's staff. There's a staff meeting twice a week. And as Fogarty Center Director, I was automatically one of the institute directors for that [unintelligible]. So I got into this sort of level, although only in a kind of acting basis. Well this went on a lot longer than Frederickson expected; he didn't get around to filling that position for quite a long time, so I was acting director there for more like a year, rather than for two months. But meanwhile, this ORS business had been circulating in Frederickson's mind, and I think it was ten days after I started at the Fogarty Center, he called me to come and see him. I feared he wanted a report on what was going on at Fogarty, and I went in sort of fumbling over, well, we have this -- I think we ought to make this change at some point, etc., etc. He said, yeah, it sounds fine, I think that can be done. But you're really an intramural scientist, and that's what your interests are, and that's where your strength is. And I've thought about this business of setting up a new Associate Directorship and so on. So that's how that -- and I wanted to explain this, that it didn't sort of just come out of the blue, that he asked me to do it. He had been thinking about it, and had some experience with my being in his staff meetings. Anyway, we set up the Office of Research Service with three divisions. Took a long time to do, to get through all the paperwork, and it was not without difficulties. I did not realize at the time how difficult it must have been for Frederickson to get that through the department. Because remember, he couldn't do it, he had to get the department's approval. And the department, of course, was people who were more regulatory oriented. And they talked to certain people here, and I was kind of their enemy in a sense. So it was quite an achievement, actually getting [unintelligible], I think. And once appointed, I didn't hesitate to go ahead and do things, to the extent that I could, but there were constraints. So we had these three divisions initially that I mentioned, in Administrative Services and [unintelligible] Service and Safety. Safety worked extremely well. [unintelligible] was picked by Frederickson to be Director of that division, and he was a very competent, very knowledgeable [unintelligible]. He's now the Director of Safety for Howard Hughes Medical Institute. And I was happy to delegate to him anything involving that. He was very competent and did it. Now a lot of people will tell you for the rest of it I micromanaged. And that's true. I wasn't happy with just saying well, go on doing what you're doing on these things and report to me. I was there to effect changes, and to do that you had to kind of get down and look at the organization. And I annoyed many people. I understand that. I think we got a lot done. In the procurement area, we made many changes. I managed to delegate additional [unintelligible] to the Institutes to procurement, but I kept having problems with memos from the Public Health Service, and the department saying these things really shouldn't be done; these are problems, etc... And we had a lot of difficulties back and forth. So almost everything I did, or wanted to do, elicited some concerns [unintelligible] and some of the subordinates, that is to say, Otis Ducker [spelled phonetically] and the people in the Division of Administrative Services, were really not happy with these changes, and they of course were in touch with people in the Public Health Service Department who are responsible for procurement, so this then got things back to me, complaining, you know you can't do this. So we had lots of arguments and fights. It went on for really quite a long time, and through the whole time I was there, there were always some friction, you might say, with the people both in my organization, particularly Otis, and with the people at higher levels, who I didn't like to acknowledge were higher levels -- that was a problem. I probably should have been a little more cautious in how I dealt with them. Well, I think that we did a number of very useful things, in addition to procurement, and I won't bother going into those -- they were things like buying what's now the Mary Lasker Center, the Cloister [spelled phonetically] from the Sisters. I was involved heavily in that, in getting 11 acres that we needed, setting up later the Howard Hughes Medical Institutes' programs at NIH and all of that. Those were all things that I tend to get involved in, along with things like the history office. I said I tended to get into things because I was sort of in charge of miscellaneous things at NIH. There were some serious problems not only with -- stemming a lot from procurement -- but there were difficulties with regard to NIH's employment -- equal employment opportunity and treatment of minorities that were of considerable concern throughout NIH during that period. There were very few blacks at high levels, at either science or administration. For science, it's kind of understandable, that there are, or were then, and still are, a relatively small percentage of blacks who have gone into science, compared with the population, and consequently there's a smaller body of people to choose from to get into doing anything. But in administration, it was a little bit different; there were certainly lots of people, but many of them were at very low levels. The housekeeping staff, then we had all government employees in housekeeping, was almost universally black. And the people driving trucks and transportation, and a lot of people in the stock rooms. There was a very large black population, but it was sort of the lower, entry level jobs. And relatively few at higher levels. Otis Ducker [spelled phonetically] who was black, came to NIH as GS2 or some low level in the stockroom, and was recognized as being -- having considerable ability and was pushed up. And Jim Davis gave him an opportunity to learn something about procurement. He never became a procurement official, really, but to learn about contracts and to do things, and to understand a bunch of this, and then use that as a means of moving into higher levels. So he became the Assistant Director of Material Management, and then when Davis left, he was chosen. There were several people who could have been chosen, but he was chosen as the Director, and I think was certainly equally competent with other people who might have been chosen, and probably was favored because he was black and it was a very good thing to do. The problem is that, I think both Otis and number of other people here felt that any objection to things that they did was racially motivated. And this became a rather serious problem, and there were things -- you might want to look at this -- letters that came out from some of the people here about what was wrong about blacks, and went back to various things, and there was references to me in here somewhere -- not my name, but I can't find it at the moment. At any rate, there were lots of rather bad feelings in many ways, not only directed against me, but at many other people at NIH in higher levels, and I think it's sort of a frustration of people who weren't promoted. I think they weren't promoted because they weren't as good as the people who were promoted, but you always look for a reason why you weren't -- it's never that you weren't as good as the others. It's always because you're too old, you're a woman, you're a black, you're whatever. They always do all of these excuses. So this was sort of an undercurrent the whole time. A big, big problem, because the Division of Administrative Services had a very large category of black employees, and Otis had seen to it that many of them got promoted as opportunities came up. And there were a black in charge of procurement, there was a black in charge in material management, there was -- sort of broader the procurement, another black assistant director; lots of people. There were some white people too, and some people were good, some were not so good, in my opinion. But it had nothing to do with whether they were black or not. At any rate, this resulted in a lot of animosity and my relations with Otis were not good because I wanted to do things that he didn't think should be done, but he interpreted some of them as my being anti-black, which was not true. Eventually in 1984, Otis retired. He decided that he'd had enough of all this, I guess, but he tried to use that as a means, really, of crippling what I was doing, and trying to elicit more support for himself. And he had some friends in Congress, particularly Congressman Hoyer,

who was a Congressman from Prince George's county, where Otis lived, and Congressman Stokes, who was a black congressman from Cleveland, after the [unintelligible]. And he was -- both of those were senior members of the House Appropriations Committee that dealt with NIH. And if there's one way you want to get somebody, you get the pocketbook. You try to do something through Appropriations. So there were questions raised at a hearing -- there was a report by Blacks in Government complaining about a lot of things, but mostly about things that I had done about the Division of Administrative Services. And this was just about the time when Otis was about to retire, or maybe had just retired. And I went down to the Appropriations hearings, as I always did, to testify for Buildings and Facilities, and one of the questions came to Dr. Wyngaarden about a report of Blacks in Government. Dr. Wyngaarden said he hadn't seen it, and Kyle Baldwin [spelled phonetically] hadn't seen it. So apparently had been prepared, had been leaked to Congress, but had never been sent to the person to whom it was addressed. Well that embarrassed the Congressmen, so they just deferred any questions on that until the last day of the hearings, since hearings went on for about a week. Well, it's the last day of the hearings, and by that time of course, we've all got the report and then we're better prepared to respond to the questions. And there were questions to Wyngaarden and then eventually these questions got to me, and the Chairman of the Committee said, well, I think your time is up and I have to leave, but Mr. Stokes and Mr. [unintelligible] you can stay here as long as you want and ask questions. And so I was grilled for about an hour, by these two congressmen. And they were very polite, I must say. There was no screaming at me or telling me to be quiet about something or whatever. They'd ask a question where they expected a yes or no answer, and instead of giving them the yes or no answer, I explained the situation and they didn't shut me up by saying, you know, answer yes or no or something like that. They let me go on. I remember Mr. Stokes looking at me as I was answering, and then looking up at the clock at the wall, and then looking back at me. I mean, I understood the message, but I kept talking. And so we went on for quite a long time, and we went through a lot of things, and I guess they were -- they weren't sure they understood the problem. I think I made a good enough case that they really weren't if the report of blacks in government was really true. So they sent out an investigative team and they looked over what we were doing, and these people came around, talked to everybody, a lot of people at NIH, scientists, administrators, and so on. I don't have a copy of that report; I wish I did, because I remember at the beginning there was the chief investigator made some comment that I was very controversial. That he got the impression from talking to some of the scientific directors that I almost walked on water, and when he talked to some of the administrative people they thought that I didn't know how to manage anything. At any rate, it was a fair report and said there was no discrimination. Well, Mr. Stokes wasn't too happy with that. There were more discussions at the next hearing. I guess we didn't have time for real discussion. It was mostly questions submitted and answers. But then they went to the general county office. Mr. Stokes, I guess, asked the general county office, which is the investigative arm of Congress to do an investigation on the federal requirements for affirmative action at NIH. And he said that he was particularly interested, well, Representatives Hoyer and Stokes asked them to evaluate this, specifically they were asked to assess how the reorganization in the Division of Administrative Services affected black employees; how the discrimination complaints process was working -- that was for NIH in general, the affirmative action program. Minorities [unintelligible]. So three of the things were very general for NIH, but one of them was very specific to the Division of Administrative Services. And there were three investigators who came out and spent a lot of time at NIH going over all of this, and when the report came back, they kind of dealt with my part of it -- the Administrative Services thing -- very quickly -- saying that that had caused anxiety among employees. Some blacks felt thought they were being treated unfairly. GAO found no evidence that minorities were treated differently than non-minorities as a result of the reorganization. And they said it at some point in here that I had essentially -- I was -- they didn't say it in these words -- that I was kind of nasty to everybody. Blacks and whites, it didn't matter. They were playing, of course. But they -- and then they spent all the rest of the report complaining about the NIH office of Equal Opportunity, and how bad it was, and so on. So that was about 1986, March of 1986. And I thought then that all these things were over, but about -- shortly after that one, then we started things with Procurement, from the Office of the Secretary, the Deputy Assistant Secretary for Procurement became concerned, because he had been one of the people who wanted more tight control, and I think he kind of, he was friends with Otis Ducker [spelled phonetically], I believe. He kind of liked the way things were done there. And he had a study done of procurement done at NIH back a number of years before, but they'd never completed it, never really published it, couldn't get anything about it. Then abruptly, that study appeared and got sent to Public Health Services and I think to Dr. Wyngaarden, and they -- this study was very critical of NIH's procurement as of several years earlier, and it resulted in a lot of fuss between the Public Health Service, the Department and NIH, and the Public Health Service said, well, they would conduct an investigation. And they did, and they said, well, there are problems here in some things and the way the documentation is being handled for a lot of the delegated procurements, and the training of people didn't work. And we basically said, yeah, that's probably right. We're trying to correct those things. But they wanted a corrective action plan, and came up with a few pages of things that we ought to do with some target dates. And I said, that's all right, and were going to do these things anyways, but these gives us some particular target dates and makes it easier for us in some way to enforce this, because we say, well, we have to report back by this time, and you people in the Institute have to do certain things, like getting everybody trained properly and so on. So I didn't really object to that. But then the department people looked at it, and they didn't think that was good enough, and they wanted more and more detail, and had a 15 page plan with every little detail having to be done on a certain date. Reports, reports, reports. Every three months we had to send in a report. And this went on, then, through 1986, and '87, and '88, with a very bad atmosphere. We were -- felt being constantly harassed and so on, and all this. Eventually they had a procurement [unintelligible] -- I had recruited after Otis retired -- very good, very intelligent -- decided he had enough of this, and he left. And I was faced with getting someone else for procurement that would satisfy the people downtown. It got to be a mess, and of course this was only one of the many things I was dealing with. There was a lot of destruction, all these other things of parking problems, and many different things that I should have been dealing with. But this did cause a great deal of anguish all around, and many meetings with people. Bill Ralph [spelled phonetically] who was then the deputy director took a personal end and tried to be sort of --

[break in audio]

CW:

Edwin Becker --

[break in audio]

Tap 2, Dr. Edwin Becker.

EB:

Well, we were faced with the situation during 1986 up to '88 where there were the complaints by the Department, the Public Health Service about procurement, and we had a corrective action plan which we would be submitting, of course, every few months. It got steadily worse in the sense that no matter what we said we had done, the view was we weren't doing anything. And I think we were trying all of the different people procurement spending an enormous amount of time doing this, really impacting on their time [inaudible] for other things. But I'm not sure anyone even read the real reports because ultimately the complaint was we hadn't made any progress and then you read all of the things [inaudible]. There were specific things the [inaudible] named Tom Shu [spelled phonetically] from the Public Health Service who was -- dealt with some procurement policy of -- was, had some oversight for this corrective action plan, would get a report and then submit things to the department. We didn't always know what told the department. He was here several times, and we discussed things, and he at one point made a suggestion that if we knew exactly what we were procuring in the decentralized mechanisms, we might be able to get better discounts from people in I3. We did not really know in quantitative terms how much of each kind of thing we might be getting with the thousands of different people ordering things. And we would like to have that information captured.

I'd ask the computer division to modify our systems of administrative database to be able to report catalogue numbers from companies so that one could then go through the computer to go through, and if a dozen different people ordered something from one company with a certain product, we would find out about it. Well, Tom Shu thought that we should have a uniform system that we would assign numbers to everything that we got, and this would be fine if you had something, if you were only buying things, let's say from a grocery store, there is this universal product code, which is a bar code, that everybody knows about. That was developed by the grocery and food industries a long time ago with many, many years, and lots of investment and time. But we buy all kinds of things that don't have such universal product codes, and it would be very nice if someone did that. But for us to that, it seemed kind of pointless, and Tom thought that could be done. You should do that. You'd save lots of money. And I said, "Well, it would cost us an enormous amount to do that, and I don't think the savings would be great. It would be nice to have, and I think we would make some savings, and we would better be able to negotiate discounts." "Oh," he said. "I bet you could save a lot -- I'll bet you could save \$25 million a year." And I said, "Oh, that's ridiculous. I don't think you'd save anywhere near a million dollars a year." "Yeah, I think you'd save 25 million." I'm mentioning this because that became the origin of a number that later appeared in an inspector general's report where it escalated to \$26 million, because time had passed.

But that's all there was. There was nothing else. It was just an offhand statement. And Tom made another suggestion that we hire an organization called the Logistics Management Institute that we contracted them to help us do this, help us do our corrective action. Well I talked with people at that organization. I thought they seemed to be very smart, and they had experience in looking at procurement and stock moves in various places, particularly for the [inaudible] department. And I said, "Well maybe you could give us some ideas." We were always open to ideas; what else can we do? And I viewed this as a cooperative effort, we asked them to look into what we were doing, get back and give us suggestions. I expected to have positive feedback, they said you're doing this very well, and negative feedback, if there were things they said that we could improve. [inaudible] report to me.

I'm afraid that Tom and the people in the department kind of subverted this and they got to the logistics management people, and told them there might be other work for them in the future. But they wanted to see the reports, and they wanted have some input. I don't know that they had any control over the reports, but they wanted to know what these people were recommending. So the reports it turned out, were not returned to me, but to the Public Health Service department. And eventually, there was a report from the Logistics Management Institute, which basically, I thought, was not well done at all. I got a draft; I took pages and pages back of all the mistakes that were made and various little problems and so on. And they were to take this into account, but that draft had been given to the Public Health Service and to the Department. And that became the basis of a short report by the Inspector General's office criticizing our procurement system. And there were, in the Inspector General's report, I think six items saying that for years, we had been doing things very badly. And then two of the -- the supporting documents, it turned out that two of them referred to instruction, one of the Indian Health Service, and one of them somewhere at NIH, having absolutely nothing to do with procurement. And they were just sort of [unintelligible], and obviously most people don't read all of the -- read the text which was about a two and a half page document saying that for years, we had done everything wrong, et cetera, et cetera, and one of the documents was the report by the department from 1983, I think it was, this was '88, which was way out of date, had been wrecked all those things anyway, long since, and I forget, there were some other things that were irrelevant, and the draft report of the logistics management, which had all these errors. And they got the final report. That came out a month or so after the Inspector General's report in April of 1998 -- 1988.

So it was all a set up. Obviously, I was unpopular. I was viewed as being not cooperative with them, which is true. And it was -- clearly got to be very personal, and it really didn't matter much what the facts were, it didn't matter much what anybody said, there was going to be a critical report. And the report, and the report, as I said, was very short and I have a copy of it. And I've commented on it, too. I mean almost every paragraph of the report says things that are really not substantiated. Now the way an Inspector General's office operates is normally they prepare a report based on their study, their investigation, they just don't cobble together a bunch of things that other people had. In this case, there was no investigation. They then normally send a draft to the affected agency, and say, "This is what we think is wrong, and you give us your comments." And those comments are then normally appended to that report, and the Inspector General's office may accept some of those comments and change the report. More often, they don't. They just say, you know, this is what the people say in response, but we don't accept it. We still think we're right, and then that's the report that gets published and sent to Congress and made available, I guess to the public. But that didn't happen. There was no draft report. So this report of the Inspector General was done very hastily in a couple days, and at the same time, a memo was written by the assistant secretary for management budget rescinding any authority that I might have to do procurement, directing Wyngaarden to transfer the procurement and logistics stuff et cetera activities to the associate director for administration. And then, another memo I guess directing Wyngaarden to get me out of there, so and actually to sign me away from NIH. They didn't want me to be in NIH. So this is when everything became public, and it happened -- pardon?

CW:

[inaudible]

EB:

Well, I heard that there were memos being prepared or something and I actually went off to assign [unintelligible]. I was in Rochester, and I got a call from [unintelligible], my deputy saying that Monday morning, all of these things have come -- the memos have come to Weingard, and Wyngaarden had been out of town, too. He got back and [inaudible] all of this, directed us to do things immediately and I talked with Wyngaarden and he said, well, did I want to just go back to the laboratory, and I said, "Well, maybe so, but let's find out what this is all about." And he said I didn't need to return immediately, I would come back at the end of the meeting and see what had happened and so on. When I came back, he said [inaudible] very serious, that they, the department said they wanted me out; they didn't want me to stay at NIH. They had plans for doing things at NIH and that my presence on the campus would be a problem, even if I had no authority anymore, just by being here, they want to be [inaudible] somewhere. They would send me anywhere, they could pay me to go to a university for a couple of years, anything just to get away from me, because they thought I would be such a [inaudible] for the scientists, and complaining again about [inaudible].

So this started this sort of public controversy and you have the -- some of the things like an article in the Washington Post, April, where there was a picture of Wyngaarden, but it was all about me. And I talked with some of the reporters about this and they were -- they looked at the [inaudible] memo of the Inspector General and so on and they too felt the same way. Well there is nothing really here, but of course they couldn't say that. Science magazine had a series of articles, one fairly long one, NIH firing, a shot across the bow. NIH was having problems and there were other things referred to in here but it was mostly about the controversy of me. And then there was a lot of -- a series of letters to Science explaining all the various problems and follow up articles in July of '88, dispute over NIH firing heats up, and then finally NIH [inaudible] research [inaudible].

Now, what happened along the way was that the scientists at NIH did indeed get very upset over this, and within a few days after this occurred, there was such complaint that Wyngaarden called meeting in Masur Auditorium inviting all the [inaudible] scientists to explain what had happened, what was going on. And I didn't go. I felt it was not appropriate for me to be there. And the only thing that I did suggest to some of my colleagues was that they should show support for Wyngaarden because he was in a very difficult position, and there were many people who felt, well, he should just resign. Well you don't resign; you only resign once. You've got to pick your issues, and I think he was initially somewhat cowed by the department because they gave him all this material and it sounded terrible. He didn't know all the facts, and he was told he had to do -- had to act immediately. And he was put in a very difficult position, but I think the support of all the scientists here certainly helped him in eventually objecting to some of features of this.

In terms of the allegations made that I had mismanaged procurement, that we had lost money and wasted \$26 million a year, which they later [inaudible] was, as I said, based totally on numbers pulled out of the air. The assistant secretary of the management budget was quoting one of these articles saying, "Well, if it isn't 26 -- maybe it's 6 million instead of 26 million, but it's still a lot of money." My feeling was if they're willing to write off 20 million as being, oh well, why not 30 million, maybe I had saved 4 million [laughs]. The whole thing was just totally made up, but Wyngaarden did not protest the actions of the department to say that I was not allowed to supervise procurement. Now I'm not a procurement person. I never have been [inaudible] signed the contract obligating the government money, but I did have authority over procurement to say, "This is what we will do. This is the NIH policy to do this and that, so long as it's consistent with what [inaudible]." And they said I couldn't do that. And they were right. That authority is delegated down starting from the Congress, to the departments, to the Public Health Service of NIH. So they certainly could do that. The [inaudible] Wyngaarden how he should organize was a little more questionable, but still within their rights. But then they said I had to be assigned away from NIH, and that's what really bothered people, because I did have a background as a scientist, and to say that I would go back to the laboratory, well, all right. I had always made contacts with the lab [inaudible]. So while eventually, Wyngaarden did send in some points, some memos contesting certain points that were made, he really didn't make much of an issue of the administrative part. But what he did eventually do was to make an issue of [inaudible] NIH, reassigned to somewhere else.

Now I had a position as a senior executive service, and at that time, at least, all senior executive appointments to the department were made by the secretary of HHS. So the secretary had the final authority to say where I would work. The secretary could override anyone else and say, you know, [inaudible] sent to Alaska to go do something there. Now there are legal challenges to that if you are reassigned to a job which is sort of in punishment or something without having a proper hearing or -- it's viewed as not being [inaudible]. That could be overturned by -- on appeal. But we never got to any of that. They were aware of the fact, however, that they couldn't just arbitrarily send me somewhere to do something that was unrelated because that would have triggered a legal challenge. But the support of the scientist [inaudible] was really dramatic. The [inaudible] colleagues contacted every member of the National Academy of Sciences, some 30 or so members at that time, and everyone except one who was out of the country signed a letter saying this was totally inappropriate, [inaudible] and that certainly gave Wyngaarden a feeling that the top scientists at NIH were aware of what I was doing and that the [inaudible] to the department. But there was very, very poor relations between the director at NIH, Wyngaarden and the secretary at HHS. Wyngaarden thought that only [inaudible] secretary in several years, had only talked with him once, other than at a ceremonial occasion when they both stood [inaudible]. But once he went down to see him, and that was prompted by a third party, and they didn't discuss any [inaudible], and then Wyngaarden asked to see the secretary about me, and eventually he did. But it was the second [laughs], and it took a month for him to -- for him and the secretary to talk about me. And the secretary at that point turned it over to [unintelligible] assistant secretary for health and said, "Why don't you look into it and make a decision?" And [unintelligible] eventually did. I had to find a new job and antagonize people, but I did not think the allegations were correct, and [inaudible] stay at NIH. And he said, "Well, some people think that is insufficient punishment for [inaudible]." I said, "Well first, why don't you establish that [inaudible]. Let's have a hearing or something on this, and then see what I've done wrong." "Well, you know. Nobody really wants to do that." I mean, because there was [laughs] I think if you actually sift through evidence and documents and so on, which is boring and we got to look at numbers, and we would find that there wasn't much substance to it. It was a matter of my antagonizing people, and people said [unintelligible] wrong times. [unintelligible] That happens, and politicians are aware of that. I was less aware of it, did not grow up [unintelligible].

This did go on for a couple months, while there were protests here, while people looked at different features of their allegations and some of my colleagues went through it, pointed out [unintelligible] saving money because the scientists were productive rather than sitting around waiting for things to come in. But a lot of this [unintelligible] some of my friends said, well, supposed you got a letter from somebody, some eminent NMR person. I said, oh, it [unintelligible] wouldn't pay much attention to it. But nevertheless they started asking people what was going on, and suggested to people if they wanted to they could write to Wyngaarden or they could write to the Secretary, and those are letters that came, a few to me, but mostly Wyngaarden and [unintelligible] Secretary, and eventually I got copies of all these things, after all this excited, because there were responses to that. Wyngaarden [unintelligible] did eventually reply to all the people with a form reply. And I would reply [unintelligible]. It was really, from my standpoint, very emotional, because like going to your own funeral, and hearing people say what a wonderful person you were. So there were a lot of claims in here that I think are exaggerated, but nevertheless it was nice to get all of these things and there was this -- So the only conclusion by Bob Winden [spelled phonetically] was that yes, I should go back to the lab, and the memo from Winden saying this was endorsed by the Secretary -- I have a copy of it somewhere -- but with a little note at the bottom saying, well, I will accept your judgment, but if anything goes wrong I'll hold you accountable. It was sort of a grudging -- so that got me back to the lab where I tried to do some more research, but never really got a research program going. I [unintelligible] had been involved with many, many other activities with various volunteer organizations, Secretary [unintelligible]. I do all kinds of things, still doing what I did. Trying to help do things, and mostly a lot of this [unintelligible]. Sometimes [unintelligible] or science. So that's sort of the end of this, it's sort of nice to have an opportunity to talk about this, although I realize it doesn't mean much to anybody else who hasn't lived through it. And I think if you look at a few of these documents ...

Female Speaker: [unintelligible]

EB: Yeah, there were different people involved in different levels. The Deputy Assistant Secretary for Procurement, [unintelligible] and he had planned to retire and then I think he took this on a challenge [unintelligible] if I'm interpreting this correctly, because he decided to stay for a while. And then afterwards, I think that he finally did retire. The Inspector General, [unintelligible], whose wife was a former personnel officer at NIH that I had dealt with, and initially had very good relations with her, [unintelligible] whether she had any influence on his, she was better than some of the other people I crossed swords with. He was eventually, I think, moved out of his apartment for other reasons [unintelligible] probably [unintelligible] I think eventually he left. I have a feeling that [unintelligible]. Eventually retired. I did hear from one of my colleagues, Kyle Baldwin [spelled phonetically] who was the Associate Director for Administration at one time, not while all this occurred, unfortunately, retired later [unintelligible]. But later on, when Vice President Gore came up with the re-inventing government initiative, which caused a lot of decentralizing things, setting up credit card purchases, doing all the things we do now, which you know, was what I was doing -- trying to do -- with all this opposition. [unintelligible] somewhere and he said, Dr. Becker, where are you now that we need you? Kind of amusing. So I don't know what else to say about this. I think at the heart it is a cultural thing, of the administrative and scientific cultures that do have this tension. I think that the people at the Department of Public Health Services never accepted the fact that scientists like me could understand them, could possibly have better ideas than some of them. And their rule was that I'd come in and kind of usurp what should be an administrative thing, and their headquarters as they stated, after they'd gotten rid of me, was to put some business [unintelligible]. Well in fact, when [unintelligible] not just simplifying procurement [unintelligible], we cut out a hundred positions out of the Office of Administrative Services. [unintelligible] constantly cutting out positions and saving money. And this is all documented of the amount of money that we [unintelligible] at NIH. Our budget went up every year, because NIH was bigger and there was inflation [unintelligible] I have a table showing we spent our money [unintelligible]. We were doing things quite efficiently; I think we saved lots of money. [unintelligible] and in addition to being more productive, which also saved money. And so it is galling to be accused of wasting money, when in fact the opposite is true. And by people who really hadn't the foggiest idea how to save money. Their goal is always to build bigger organizations and have more people, and control things more tightly with more people. So I think [unintelligible] one has to [unintelligible] happen all the time. It continues now, with the ethics problems and so on. I sense the same kind of feeling in the [unintelligible] department. [unintelligible] I think we'll stop now.

[end of transcript]